STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

From The Heart AFH Inc

From The Heart AFH Inc
4408 Artesia Dr
Pasco, WA 99301

RE: From The Heart AFH Inc License # 752695

Dear Provider:

This letter addresses Compliance Determination(s) 65378 (Completion Date 09/09/2025) and 61816 (Completion Date 07/21/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/09/2025 and found that you have corrected the violations listed in the Full report dated 07/21/2025. Your home is back in compliance as of 08/29/2025 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10130-2, WAC 388-76-10130-2-a, WAC 388-76-10130-2-b, WAC 388-76-10130-2-c, WAC 388-76-10130-2-d, WAC 388-76-10130-2-e, WAC 388-76-10130-2-f, WAC 388-76-10130-8, WAC 388-76-10130-8-a, WAC 388-76-10130-8-b, WAC 388-76-10130-8-c, WAC 388-76-10130-8-d, WAC 388-76-10130-8-e, WAC 388-76-10146-2-e, WAC 388-76-10198-4, WAC 388-76-10230-3, WAC 388-76-10355-4, WAC 388-76-10355-7-b, WAC 388-76-10375-1, WAC 388-76-10430-2-d, WAC 388-76-10485-1, WAC 388-76-10485-3, WAC 388-76-10750-1, WAC 388-76-10895-2-b, WAC 388-76-10895-2-a, WAC 388-76-10895-3-b, WAC 388-76-10463-3

The Department staff who did the on-site verification:
Lisa Beason, AFH Licensor

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Ann Garbrough

Michelle Yarbrough, Adult Family Home Field Manager
Region 1, Unit C
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 06/27/2025 of:

From The Heart AFH Inc
4407 Segovia Dr
Pasco, WA 99301

The following sample was selected for review during the unannounced on-site visit: 6 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Melanie Hopkins, NHI-AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Michelle Ann Garbrough
Residential Care Services

08/06/2025
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative)

8/6/25
Date

WAC 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(2) Have a United States high school diploma or high school equivalency certificate as provided in RCW 28B.50.536 , or any English or translated government document of the following:

(a) Successful completion of government approved public or private school education in a foreign country that includes an annual average of one thousand hours of instruction a year for twelve years, or no less than twelve thousand hours of instruction;

(b) Graduation from a foreign college, foreign university, or United States community college with a two-year diploma, such as an associate's degree;

(c) Admission to, or completion of course work at a foreign or United States college or university for which credit was awarded;

(d) Graduation from a foreign or United States college or university, including award of a bachelor's degree;

(e) Admission to, or completion of postgraduate course work at, a United States college or university for which credits were awarded, including award of a master's degree; or

(f) Successful passage of the United States board examination for registered nursing, or any professional medical occupation for which college or university education was required;

(8) Have completed at least one thousand hours of successful direct care experience in the previous sixty months obtained after age eighteen to vulnerable adults in a licensed or contracted setting before operating or managing a home. Individuals holding one of the following professional licenses are exempt from this requirement:

(a) Physician licensed under chapter 18.71 RCW;

(b) Osteopathic physician licensed under chapter 18.57 RCW;

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Michelle Ann Garbrough
Residential Care Services

08/06/2025
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative)

Date

WAC 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(2) Have a United States high school diploma or high school equivalency certificate as provided in RCW 28B.50.536 , or any English or translated government document of the following:

(a) Successful completion of government approved public or private school education in a foreign country that includes an annual average of one thousand hours of instruction a year for twelve years, or no less than twelve thousand hours of instruction;

(b) Graduation from a foreign college, foreign university, or United States community college with a two-year diploma, such as an associate's degree;

(c) Admission to, or completion of course work at a foreign or United States college or university for which credit was awarded;

(d) Graduation from a foreign or United States college or university, including award of a bachelor's degree;

(e) Admission to, or completion of postgraduate course work at, a United States college or university for which credits were awarded, including award of a master's degree; or

(f) Successful passage of the United States board examination for registered nursing, or any professional medical occupation for which college or university education was required;

(8) Have completed at least one thousand hours of successful direct care experience in the previous sixty months obtained after age eighteen to vulnerable adults in a licensed or contracted setting before operating or managing a home. Individuals holding one of the following professional licenses are exempt from this requirement:

(a) Physician licensed under chapter 18.71 RCW;

(b) Osteopathic physician licensed under chapter 18.57 RCW;

(c) Osteopathic physician assistant licensed under chapter 18.57A RCW;

(d) Physician assistant licensed under chapter 18.71A RCW; or

(e) Registered nurse, advanced registered nurse practitioner, or licensed practical nurse licensed under chapter 18.79 RCW;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to verify qualifications of the Resident Manager assigned to manage the AFH and care for 6 of 6 residents (Residents 1, 2, 3, 4, 5, & 6). This failure placed residents at risk of receiving care from an unqualified Resident Manager.

Findings included . . .

On 06/27/2025 at 10:40 AM, Staff C, Resident Manager, introduced themselves to Department Regulator as the Resident Manager. Staff C was observed providing care to residents from 10:40 AM to 3:00 PM.

On 06/27/2025 review of Staff C's personnel file showed there was no record of direct care experience in the previous five years or education achievement for Staff C.

In an interview on 06/27/2025 at 1:00 PM, Staff A, Provider, stated they thought the notarized attestation of Staff C's direct care experience and education achievement had been completed.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date) 8/29/25.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) [signature] Date 8/6/25.

WAC 388-76-10146 Qualifications - Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Osteopathic physician assistant licensed under chapter 18.57A RCW;

(d) Physician assistant licensed under chapter 18.71A RCW; or

(e) Registered nurse, advanced registered nurse practitioner, or licensed practical nurse licensed under chapter 18.79 RCW;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to verify qualifications of the Resident Manager assigned to manage the AFH and care for 6 of 6 residents (Residents 1, 2, 3, 4, 5, & 6). This failure placed residents at risk of receiving care from an unqualified Resident Manager.

Findings included . . .

On 06/27/2025 at 10:40 AM, Staff C, Resident Manager, introduced themselves to Department Regulator as the Resident Manager. Staff C was observed providing care to residents from 10:40 AM to 3:00 PM.

On 06/27/2025 review of Staff C's personnel file showed there was no record of direct care experience in the previous five years or education achievement for Staff C.

In an interview on 06/27/2025 at 1:00 PM, Staff A, Provider, stated they thought the notarized attestation of Staff C's direct care experience and education achievement had been completed.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) _____ Date _____

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 12 hours of continuing education was completed within the required timeframe for 2 of 10 caregiving staff (Staff C & E). This failure resulted in residents receiving care from unqualified caregivers.

Findings included . . .

On 06/27/2025 from 10:40 AM to 3:00 PM, Staff C, Resident Manager, was observed providing care and services to residents in the AFH.

Review of Staff C's personnel file showed Staff C, hired 04/25/2025, had not completed the required annual 12 hours of CE for the time period of 08/13/2023 to 08/13/2024.

In an interview on 07/02/2025 at 12:17 PM, Staff A, Provider, stated that Staff C was unable to provide proof of completion of the required 12 hours of CE.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date) 8/29/25.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) — Date 8/6/25.

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

(e) Continuing education.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 12 hours of continuing education was completed within the required timeframe for 2 of 10 caregiving staff (Staff C & E). This failure resulted in residents receiving care from unqualified caregivers.

Findings included . . .

On 06/27/2025 from 10:40 AM to 3:00 PM, Staff C, Resident Manager, was observed providing care and services to residents in the AFH.

Review of Staff C's personnel file showed Staff C, hired 04/25/2025, had not completed the required annual 12 hours of CE for the time period of 08/13/2023 to 08/13/2024.

In an interview on 07/02/2025 at 12:17 PM, Staff A, Provider, stated that Staff C was unable to provide proof of completion of the required 12 hours of CE.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____
Provider (or Representative) Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that complete personnel records were available to the Department at the time of inspection for 1 of 9 former staff (Staff Q). This failure resulted in a delay in the Department's ability to assess the AFH's compliance with minimum requirements.

Findings included . . .

Record review on 06/27/2025 at 12:20 PM showed Staff Q, Former Caregiver, was hired on 02/10/2020 and left employment on 02/28/2024. A name and date of birth background check (NDOB) result that expired on 02/10/2022 was reviewed. No other BGI information was available for the period of 02/10/2022 through 02/28/2024.

In an interview on 06/27/2025 at 1:00 PM, Staff A, Provider, stated they had no access to the BGI report as it was run during a time they had a different log in to the BGI system.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date) 8/29/25.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) — Date 8/4/25

WAC 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(3) Has proof of up-to-date rabies vaccinations.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 cat ([redacted]) had maintained an up-to-date rabies vaccination. This failure placed residents at risk of potential exposure to infection.

Findings included...

During the tour of the premises on 06/27/2025 at 11:00 AM and throughout inspection, a cat, [redacted], belonging to Resident 1, admitted to the AFH on [redacted]2025, was

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that complete personnel records were available to the Department at the time of inspection for 1 of 9 former staff (Staff Q). This failure resulted in a delay in the Department's ability to assess the AFH's compliance with minimum requirements.

Findings included . . .

Record review on 06/27/2025 at 12:20 PM showed Staff Q, Former Caregiver, was hired on 02/10/2020 and left employment on 02/28/2024. A name and date of birth background check (NDOB) result that expired on 02/10/2022 was reviewed. No other BGI information was available for the period of 02/10/2022 through 02/28/2024.

In an interview on 06/27/2025 at 1:00 PM, Staff A, Provider, stated they had no access to the BGI report as it was run during a time they had a different log in to the BGI system.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) _____ Date _____

WAC 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(3) Has proof of up-to-date rabies vaccinations.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 cat ([redacted]) had maintained an up-to-date rabies vaccination. This failure placed residents at risk of potential exposure to infection.

Findings included…

During the tour of the premises on 06/27/2025 at 11:00 AM and throughout inspection, a cat, [redacted], belonging to Resident 1, admitted to the AFH on [redacted]/2025, was

observed in Resident 1's room and in the common areas of the AFH.

Record review on 06/27/2025 showed no vaccination records for [redacted].

Review of records sent by Staff A, Provider, by email on 07/02/2025 showed the rabies vaccination for [redacted] had expired 11/03/2024, [redacted] prior to Resident 1's admission to the AFH.

In an interview on 07/02/2025 at 12:17 PM, Staff A stated that they were aware [redacted] rabies vaccination was expired, and a future appointment was being made for the vaccination.

In an interview on 07/30/2025 at 1:28 PM, Staff A stated that Resident 1's family was supposed to take [redacted] to get the rabies vaccination though had not been able to yet.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date) 8/29/25.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

[signature] 8/6/25.
Provider (or Representative) Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(4) How medications will be managed, including how the resident will get their medications when the resident is not in the home;

(7) If needed, a plan to:

(b) Reduce tension, agitation and problem behaviors;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to develop a negotiated care plan (NCP) that accurately described medication management and

observed in Resident 1's room and in the common areas of the AFH.

Record review on 06/27/2025 showed no vaccination records for [redacted].

Review of records sent by Staff A, Provider, by email on 07/02/2025 showed the rabies vaccination for [redacted] had expired 11/03/2024, [redacted] prior to Resident 1's admission to the AFH.

In an interview on 07/02/2025 at 12:17 PM, Staff A stated that they were aware [redacted] rabies vaccination was expired, and a future appointment was being made for the vaccination.

In an interview on 07/30/2025 at 1:28 PM, Staff A stated that Resident 1's family was supposed to take [redacted] to get the rabies vaccination though had not been able to yet.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) _____ Date _____

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(4) How medications will be managed, including how the resident will get their medications when the resident is not in the home;

(7) If needed, a plan to:

(b) Reduce tension, agitation and problem behaviors;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to develop a negotiated care plan (NCP) that accurately described medication management and

behavioral interventions for 1 of 6 residents (Resident 5). This failure placed the resident at risk of unmet care needs.

Findings included. . .

Record review of the Department assessment dated 01/23/2025 showed Resident 5 required extensive assistance with medication administration, had a history of occasional anxiety and required moderate assistance with evacuation.

Record review of NCP, dated 04/02/2025, showed Resident 5 was independent with medication administration, had no anxiety issues, did not have current or history of anxiety, and was independent with evacuations.

During an interview on 06/27/2025 at 11:00 AM Staff C, Resident Manager, stated that Resident 5 required assistance with medication administration.

During an interview on 06/27/2025 at 2:50 PM, Staff C stated that they had developed Resident 5's NCP and could not recall if they used Resident 5's assessment to develop the NCP.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date) 8/29/25.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) [signature] Date 8/6/25.

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH), failed to ensure the Negotiated Care Plan (NCP) was signed and dated by 1 of 6 residents (Resident 5). This

behavioral interventions for 1 of 6 residents (Resident 5). This failure placed the resident at risk of unmet care needs.

Findings included. . .

Record review of the Department assessment dated 01/23/2025 showed Resident 5 required extensive assistance with medication administration, had a history of occasional anxiety and required moderate assistance with evacuation.

Record review of NCP, dated 04/02/2025, showed Resident 5 was independent with medication administration, had no anxiety issues, did not have current or history of anxiety, and was independent with evacuations.

During an interview on 06/27/2025 at 11:00 AM Staff C, Resident Manager, stated that Resident 5 required assistance with medication administration.

During an interview on 06/27/2025 at 2:50 PM, Staff C stated that they had developed Resident 5's NCP and could not recall if they used Resident 5's assessment to develop the NCP.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____
Provider (or Representative) Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH), failed to ensure the Negotiated Care Plan (NCP) was signed and dated by 1 of 6 residents (Resident 5). This

failure placed the resident at risk for receiving care and services not agreed upon.

Findings included. . .

Record review of the NCP for Resident 5, dated 04/02/2025, found the document was not signed or dated by Resident 5 or their representative.

During an interview on 06/27/2025 at 3:05 PM, Staff C, Resident Manager, stated that they had developed Resident 5's NCP. Staff C stated they were unsure why the NCP was not signed or dated.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date) 8/29/25.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) [signature] Date 8/6/25.

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to implement a medication system to ensure medications were available for 2 of 6 residents (Resident 1 & 5). This failure placed residents at risk of not receiving medications as prescribed.

Findings included. . .

Resident 1

Review of Resident 1's pharmacy produced eMAR (Electronic Medication Administration

failure placed the resident at risk for receiving care and services not agreed upon.

Findings included. . .

Record review of the NCP for Resident 5, dated 04/02/2025, found the document was not signed or dated by Resident 5 or their representative.

During an interview on 06/27/2025 at 3:05 PM, Staff C, Resident Manager, stated that they had developed Resident 5's NCP. Staff C stated they were unsure why the NCP was not signed or dated.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____
Provider (or Representative) Date

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to implement a medication system to ensure medications were available for 2 of 6 residents (Resident 1 & 5). This failure placed residents at risk of not receiving medications as prescribed.

Findings included. . .

Resident 1

Review of Resident 1's pharmacy produced eMAR (Electronic Medication Administration

Record) dated 06/01/2025 through 06/30/2025 showed Resident 1 was prescribed Magnesium Oxide (supplement to prevent low magnesium levels) 400 milligrams (mg).

Observation of Resident 1's medication supply on 06/27/2025 at 2:40 PM found no supply of Magnesium oxide 400 mg.

On 06/27/2025 at 2:41 PM Staff C, Resident Manager, stated that they ordered the magnesium oxide last week and had not received it from the pharmacy.

Resident 5

Review of Resident 5's Department assessment dated 01/23/2025 showed Resident 5 required extensive assistance with medication administration.

Review of Resident 5's pharmacy produced eMAR (Electronic Medication Administration Record) dated 06/01/2025 through 06/30/2025 and observation of medication supply showed Resident 5 had no supply of the following prescribed medications.

- Polyethylene glycol 3350 (medication used to prevent constipation).
- Vitamin C (vitamin supplement for immune support) 500 milligrams (mg).
- Acetaminophen (medication used for general discomfort) 325 mg.
- Naloxone (medication used to reverse the effects of opioids).
- Bisacodyl (used to treat constipation) 5 mg tablet.
- Bisacodyl (used to treat constipation)10mg suppository.
- Loperamide (medication used to prevent diarrhea).
- Milk of Magnesia (used to treat constipation).

In an interview on 06/27/2025 at 2:30 PM, Staff C, Resident Manager, stated that Resident 5's family member brought in the Polyethylene glycol every morning and put it in their coffee. Staff C stated that Resident 5's family member would not pay for Vitamin C, Acetaminophen, Naloxone, Bisacodyl tablets or suppositories, Loperamide, or Milk of Magnesia.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date) 8/20/25.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

(Provider or Representative) Date 8/4/25

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure all prescribed and over-the-counter medications were kept in locked storage for 2 of 6 residents (Resident 1 & 5). This failure placed residents at risk of accessing and ingesting medications not for their use.

Findings included. . .

Resident 1

Observation on 06/27/2025 at 11:05 AM found the following medication's unsecured in a refrigerator located in the AFH kitchen:

- Ozempic pen (injectable medication used to treat high blood sugar levels).
- Tresiba pen (injectable medication used to treat high blood sugar levels).

During an interview on 06/27/2025 at 11:00 AM Staff C, Resident Manager, stated that Resident 1 required assistance with medication administration.

During an interview on 06/27/2025 at 11:07 AM Staff B, Patient Care Coordinator, stated that the medications were probably unsecured because there was not enough space in

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure all prescribed and over-the-counter medications were kept in locked storage for 2 of 6 residents (Resident 1 & 5). This failure placed residents at risk of accessing and ingesting medications not for their use.

Findings included. . .

Resident 1

Observation on 06/27/2025 at 11:05 AM found the following medication's unsecured in a refrigerator located in the AFH kitchen:

- Ozempic pen (injectable medication used to treat high blood sugar levels).
- Tresiba pen (injectable medication used to treat high blood sugar levels).

During an interview on 06/27/2025 at 11:00 AM Staff C, Resident Manager, stated that Resident 1 required assistance with medication administration.

During an interview on 06/27/2025 at 11:07 AM Staff B, Patient Care Coordinator, stated that the medications were probably unsecured because there was not enough space in

the lock box.

Resident 5

Observation on 06/27/2025 at 11:20 AM found the following medications unsecured on an open shelf in Resident 5's bedroom:

- Tums chewy bites (used to treat stomach upset).
- Voltaren topical gel (used to treat joint pain).
- Beano (used to prevent intestinal gas).
- Nano silver lozenges (supplement used to treat sore throat).
- Bonine (supplement used to prevent nausea, vomiting and dizziness).
- Zaditor eye drops (used to treat itchy eyes).
- Cromolyn sodium eye drops (used to treat allergic eye conditions).
- Flonase nasal spray (treats nasal inflammation and allergy symptoms).
- Mediset labeled AM/PM with 28 compartments holding unidentified tablets.

Record review of the Department assessment dated 01/23/2025 showed Resident 5 required extensive assistance with medication administration.

During an interview on 06/27/2025 at 11:00 AM, Staff B, Resident Manager, stated that Resident 5 required assistance with medication administration.

During an interview on 06/27/2025 at 11:25 AM, Resident 5 stated their family member brought the unsecured medications to the AFH.

During an interview on 06/27/2025 at 11:32 AM, Staff B, Patient Care Coordinator, stated that Resident 5's family member brought in the unsecured medications.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date) 8/29/25.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

(Provider or Representative) 8/6/25 Date

the lock box.

Resident 5

Observation on 06/27/2025 at 11:20 AM found the following medications unsecured on an open shelf in Resident 5's bedroom:

- Tums chewy bites (used to treat stomach upset).
- Voltaren topical gel (used to treat joint pain).
- Beano (used to prevent intestinal gas).
- Nano silver lozenges (supplement used to treat sore throat).
- Bonine (supplement used to prevent nausea, vomiting and dizziness).
- Zaditor eye drops (used to treat itchy eyes).
- Cromolyn sodium eye drops (used to treat allergic eye conditions).
- Flonase nasal spray (treats nasal inflammation and allergy symptoms).
- Mediset labeled AM/PM with 28 compartments holding unidentified tablets.

Record review of the Department assessment dated 01/23/2025 showed Resident 5 required extensive assistance with medication administration.

During an interview on 06/27/2025 at 11:00 AM, Staff B, Resident Manager, stated that Resident 5 required assistance with medication administration.

During an interview on 06/27/2025 at 11:25 AM, Resident 5 stated their family member brought the unsecured medications to the AFH.

During an interview on 06/27/2025 at 11:32 AM, Staff B, Patient Care Coordinator, stated that Resident 5's family member brought in the unsecured medications.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) _____ Date _____

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to secure hazardous objects in 1 of 6 resident rooms (Bedroom [redacted]). This failure placed residents at risk of harm from sharp objects and bloodborne diseases.

Findings included...

On 06/27/2027 at 3:30 PM, several used continuous glucose monitors (device with needle placed under skin to measure sugar levels in the blood) were observed in Room [redacted] occupied by Resident 1.

In an interview on 06/27/2025 at 3:40 PM, Staff C, Resident Manager, stated they didn't realize the used monitors could be a risk to others and Resident 1 liked to save the monitors.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date) 8/29/25.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) — Date 8/4/25.

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

(3) The home must respect the resident's right to refuse to participate in emergency evacuation drills. However, the home must still demonstrate the ability to safely

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to secure hazardous objects in 1 of 6 resident rooms (Bedroom [redacted]). This failure placed residents at risk of harm from sharp objects and bloodborne diseases.

Findings included…

On 06/27/2027 at 3:30 PM, several used continuous glucose monitors (device with needle placed under skin to measure sugar levels in the blood) were observed in Room [redacted], occupied by Resident 1.

In an interview on 06/27/2025 at 3:40 PM, Staff C, Resident Manager, stated they didn't realize the used monitors could be a risk to others and Resident 1 liked to save the monitors.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____
Provider (or Representative) Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

(3) The home must respect the resident's right to refuse to participate in emergency evacuation drills. However, the home must still demonstrate the ability to safely

evacuate all residents doing the following:

(b) Providing an estimate of the amount of time it would take to evacuate the resident and how they calculated this estimate in the negotiated care plan;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to document the estimated time to evacuate a resident refusing to participate in a drill for 6 of 10 partial evacuation drills. The AFH failed to document participation of residents for 1 of 1 annual evacuation drills. This placed residents at risk of not being able to be evacuated in under 5 minutes.

Findings included . . .

Record review on 06/27/2025 of evacuation drills performed by staff included an annual drill on 01/21/2024 and partial drills beginning on 07/11/2024. The following evacuation drills showed one or more residents refused to participate and no estimated time needed was noted:

01/21/2024 – Annual evacuation – 5 of 5 residents were not marked as participating or refusing to participate in the annual evacuation drill.
07/11/2024 – Partial evacuation - 1 of 6 residents refused to participate.
08/29/2025 – Partial evacuation – 1 of 6 residents refused to participate and an additional resident was not present.
10/17/2024 – Partial evacuation – 3 of 6 residents refused to participate and 1 additional resident was not present.
04/09/2025 – Partial evacuation – 6 of 6 residents refused to participate.
04/17/2025 – Partial evacuation – 6 of 6 residents refused to participate.
05/13/2025 - Partial evacuation – 2 of 7 residents refused to participate.

In an interview on 06/27/2025 at 12:40 PM, Staff C, Resident Manager, stated they had not understood how to conduct and document the evacuation drills to show participation and estimated time when a resident did not participate in a drill.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date) 8/29/25.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) — Date 8/6/25

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the negotiated care plan (NCP) included non-medication interventions for symptoms in which a psychopharmacologic medication had been prescribed for 1 of 6 residents (Resident 5). This failure placed the resident at risk of not having their mental health needs met.

Findings included. . .

Record review of eMAR (electronic Medication Administration Record) dated 06/01/2025 through 06/30/2025 found Resident 5 was prescribed the medication citalopram (used to treat symptoms of depression).

Record review of Resident 5's NCP, dated 04/02/2025, showed Resident 5 had no mood or depression issues and did not have current or a history of depression or mood disorder and did not provide strategies to manage symptoms of depression.

During an interview on 06/27/2025 at 3:00 PM, Staff C, Resident Manager, stated that they had developed Resident 5's NCP. Staff C stated that they were unsure why they did not include interventions for symptoms of depression.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) Date

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the negotiated care plan (NCP) included non-medication interventions for symptoms in which a psychopharmacologic medication had been prescribed for 1 of 6 residents (Resident 5). This failure placed the resident at risk of not having their mental health needs met.

Findings included. . .

Record review of eMAR (electronic Medication Administration Record) dated 06/01/2025 through 06/30/2025 found Resident 5 was prescribed the medication citalopram (used to treat symptoms of depression).

Record review of Resident 5's NCP, dated 04/02/2025, showed Resident 5 had no mood or depression issues and did not have current or a history of depression or mood disorder and did not provide strategies to manage symptoms of depression.

During an interview on 06/27/2025 at 3:00 PM, Staff C, Resident Manager, stated that they had developed Resident 5's NCP. Staff C stated that they were unsure why they did not include interventions for symptoms of depression.

Statement of Deficiencies	License #: 752695	Compliance Determination # 61816
Plan of Correction	From The Heart AFH Inc	Completion Date
Page 15 of 15	Licensee: From The Heart AFH Inc	07/21/2025

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date) 8/29/25.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) Date 8/6/25

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) Date